

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

File with:
 Iowa Ethics and Campaign
 Disclosure Board
 510 E. 12th, Ste. 1A
 Des Moines, Iowa 50319
 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
 Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

IA ETHICS AND
 CAMPAIGN DISCLOSURE

2010 MAY 18 AM 9:28

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT DONALD B SHONKA

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
 Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

DONALD B SHONKA

Political Party (If applicable)

DEMOCRAT

Office Sought

BUCHANAN COUNTY SUPERVISOR

District (If Senate or House)

FORM
DR-2

(Rev. 12/2008)

DISCLOSURE
 REPORT

For Office Use Only

Comm. #

18510

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Donna Shonka
 SIGNATURE OF PERSON FILING REPORT

319-334-7035
 TELEPHONE

5-18-10
 DATE SIGNED

I AM FILING A 5-18-10 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

BUCHANAN

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (If final report balance must be zero)

**UNPAID BILLS (From Schedule D - Attach Schedule D)

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

YES X NO

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(including candidate's personal funds)

SCHEDULE	
A	MONEY RECEIPTS
(Rev. 07/03)	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)COMMITTEE TO ELECT DONALD A. SHONKA

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
3-15-10	ID# CK#	DON WEIMHOFF 453 GIBBS COLUMBIA, MO	NONE FRIEND	\$100 ⁰⁰	<input checked="" type="checkbox"/>
4-14-10	ID# CK#	GARY SHORT 1981 THREE ELMS PARK RD INDEPENDENCE, IA 50644	FRIEND	500 ⁰⁰	<input checked="" type="checkbox"/>
4-14-10	ID# CK#	DON SHONKA 2448 BRANDON DRAS BO INDEPENDENCE, IA 50644	CANDIDATE	1000 ⁰⁰	<input checked="" type="checkbox"/>
4-20-10	ID# CK#	LOUIS & SHIRLEY WENOLING 1745 GOLF COURSE BLVD INDEPENDENCE, IA 50644	FRIEND	25.00	<input checked="" type="checkbox"/>
4-14-10	ID# CK#	ROGER JOHNSON 534 UPPER TERRACE DR INDEPENDENCE, IA 50644	FRIEND	100 ⁰⁰	<input checked="" type="checkbox"/>
4-28-10	ID# CK#	PAT & KIM MAHONEY 2422 KING AVE INDEPENDENCE, IA	FRIEND	100 ⁰⁰	<input checked="" type="checkbox"/>
5-4-10	ID# CK#	NELSON WEHNER 2117 220th ST INDEPENDENCE, IA 50644	AQUAINTANCE	300 ⁰⁰	<input checked="" type="checkbox"/>
5-16-10	ID# CK#	MAURICE & ANNA MAE PENTECOST 1591 GRANT AVE INDEPENDENCE, IA 50644	FRIEND	20 ⁰⁰	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$2145⁰⁰

TOTAL (if last page of this schedule)

\$2145⁰⁰

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT DONALD B. SHONKA

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/20/10	ID# CK#	BANKERS ADVERTISING CO	ORDERED YARD SIGNS	\$ 634.50
4/23/10	ID# CK#	BUCHANAN CNTY AUDITOR	LIST OF DEMOCRATIC VOTERS (STICKERS)	\$ 56.00
4/28/10	ID# CK#	PRINT EXPRESS	POST CARDS	85.33
4/28/10	ID# CK#	U.S. POST OFFICE	STAMPS	560.00
5/6/10	ID# CK#	PRINT EXPRESS	STICKERS FOR POST CARDS	50.83
5/11/10	ID# CK#	SIGNS & MORE	2 magnetic signs	69.55
5/10/10	ID# CK#	BANKERS ADVERTISING	SHIPPING & HANDLING YARD SIGNS	95.30
	ID# CK#			

SUB-TOTAL \$1551.51

TOTAL (If last page of this schedule) \$1551.51

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(j).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT DONALD B SHONKA



SCHEDULE E (Rev. 08/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
05/08/10	DONALD B SHONKA	CANDIDATE	TO PRINT EXPRESS FOR ADDITIONAL CARDS	\$ 26.75	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 26.75	
TOTAL (if last page of this schedule)				\$ 26.75	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)